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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation TWO MAUDS INC		A Employer identification number 13-2665313	
Number and street (or P O box number if mail is not delivered to street address) 555 FIFTH AVENUE 17TH FLOOR		B Telephone number (see instructions) (212) 370-0198	
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 3,507,942		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	25,390			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	41,555	41,555	41,555	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	394,788			
	b Gross sales price for all assets on line 6a <u>1,022,524</u>				
	7 Capital gain net income (from Part IV, line 2) . . .		394,788		
	8 Net short-term capital gain			14,564	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	461,733	436,343	56,119	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	40,000			40,000
	14 Other employee salaries and wages	7,004			7,004
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) 	64,894	16,223		48,671
	b Accounting fees (attach schedule) 	14,000	3,500		10,500
	c Other professional fees (attach schedule) 	24,212	24,212		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	6,439			6,439
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	9,000	2,250		6,750
	21 Travel, conferences, and meetings	4,469			4,469
	22 Printing and publications				
	23 Other expenses (attach schedule) 	1,020			1,020
	24 Total operating and administrative expenses. Add lines 13 through 23	171,038	46,185		124,853
	25 Contributions, gifts, grants paid	195,640			195,640
	26 Total expenses and disbursements. Add lines 24 and 25	366,678	46,185		320,493
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	95,055			
	b Net investment income (if negative, enter -0-)		390,158		
	c Adjusted net income (if negative, enter -0-)			56,119	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	29,150	33,429	33,429
	2	Savings and temporary cash investments	361,144	209,865	209,865
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	2,907,123	3,036,218	3,036,219
	c	Investments—corporate bonds (attach schedule).	216,957	226,879	226,879
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	6,423	1,550	1,550	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,520,797	3,507,941	3,507,942	
Liabilities	17	Accounts payable and accrued expenses	28,663	4,943	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	4,900	3,367	
	23	Total liabilities (add lines 17 through 22)	33,563	8,310	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	519,225	416,174	
	25	Temporarily restricted		821,849	
	26	Permanently restricted	2,968,009	2,261,608	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	3,487,234	3,499,631	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	3,520,797	3,507,941	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 3,487,234
2	Enter amount from Part I, line 27a	2 95,055
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 3,582,289
5	Decreases not included in line 2 (itemize) ▶ _____	5 82,658
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 3,499,631

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	BAIDU COM INC - BNY MELLON FUND A	D	2009-03-27	2014-01-03
b	BAIDU COM INC - BNY MELLON FUND A	D	2009-03-27	2014-11-06
c	BNY MELLON FUND B	P	2014-01-01	2014-12-31
d	BNY MELLON FUND B	P	2013-12-31	2014-12-31
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,687		418	2,269
b 3,286		390	2,896
c 143,516		128,952	14,564
d 873,035		497,976	375,059
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			2,269
b			2,896
c			14,564
d			375,059
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	394,788
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	14,564

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	303,244	3,217,404	0 094251
2012	281,336	3,079,045	0 091371
2011	256,845	3,061,279	0 083901
2010	229,423	3,107,954	0 073818
2009	245,743	2,745,438	0 089510

2	Total of line 1, column (d).	2	0 432851
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 086570
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	3,514,709
5	Multiply line 4 by line 3.	5	304,268
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,902
7	Add lines 5 and 6.	7	308,170
8	Enter qualifying distributions from Part XII, line 4.	8	320,493

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		13,902	
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2.		33,902	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		53,902	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014		6a	
b		Exempt foreign organizations—tax withheld at source		6b	
c		Tax paid with application for extension of time to file (Form 8868)		6c	
d		Backup withholding erroneously withheld		6d	
7		Total credits and payments. Add lines 6a through 6d.		7	
8		Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		87	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		93,989	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b			No
		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
c		Did the foundation file Form 1120-POL for this year?		1c			No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$					
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$					
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2			No
		If "Yes," attach a detailed description of the activities.					
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a			No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b			
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5			No
		If "Yes," attach the statement required by General Instruction T.					
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
		• By language in the governing instrument, or					
		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6		Yes	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		7		Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> NY					
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b		Yes	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9			No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10			No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ WWW.TWOMAUDS.ORG				
14	The books are in care of ▶ TWO MAUDS Telephone no ▶ (212) 370-0198			
Located at ▶ 555 FIFTH AVENUE 17TH FLOOR NEW YORK NY ZIP+4 ▶ 10017				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the year ▶		15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," list the years ▶ 20____, 20____, 20____, 20____				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

YesNo

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

YesNo

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

YesNo

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

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Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	3,535,008
b	Average of monthly cash balances.	1b	31,674
c	Fair market value of all other assets (see instructions).	1c	1,550
d	Total (add lines 1a, b, and c).	1d	3,568,232
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	3,568,232
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	53,523
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,514,709
6	Minimum investment return. Enter 5% of line 5.	6	175,735

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	175,735
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	3,902
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,902
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	171,833
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	171,833
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . .	7	171,833

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	320,493
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	320,493
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	3,902
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	316,591

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				171,833
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.	109,471			
b From 2010.	76,485			
c From 2011.	106,112			
d From 2012.	132,180			
e From 2013.	144,162			
f Total of lines 3a through e.	568,410			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 320,493				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				171,833
e Remaining amount distributed out of corpus	148,660			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	717,070			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .	109,471			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	607,599			
10 Analysis of line 9				
a Excess from 2010. . . .	76,485			
b Excess from 2011. . . .	106,112			
c Excess from 2012. . . .	132,180			
d Excess from 2013. . . .	144,162			
e Excess from 2014. . . .	148,660			

Part XIV

4942(j)(3) or 4942(j)(5)

3

Part XV

1

2

Time	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Time	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	195,640
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated


Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LINDA HACKETT MUNSON	PRESIDENT 10 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10014				
DAVID FINKBEINER	FIRST VICE P 10 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
JAMES MASON	SECRETARY 10 00	30,000	0	0
17TH FL NEW YORK,NY 10017				
MELINDA HACKETT	VICE PRESIDE 1 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
BARBARA SLIFKA	VICE PRESIDE 1 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
SUSAN GULLIA	VICE PRESIDE 1 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
MARION BECKER	VICE PRESIDE 1 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
SARAH HESS	ASSISTANT SE 1 00	10,000	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				
MARK HARANZO	TREASURER 1 00	0	0	0
555 FIFTH AVENUE 17TH FL NEW YORK,NY 10017				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ANIMAL WELFARE OF THE ABLEMARELE REGION EVERDAY PO BOX 203 HERTFORD,NC 27944	NA		SPAY/NEUTER MATCHING GRANT	3,000
ALMOST HOME PET FOUNDATION PO BOX 645 DAYTON,TN 37321	NA		SPAY/NEUTER MATCHING GRANT	3,500
ANIMAL RESCUE OF TIDEWATER PO BOX 11535 NORFOLK,VA 23517	NA		SPAY/NEUTER MATCHING GRANT	5,000
ANIMAL WELFARE ACTION GROUP PO BOX 37 APPOMATTOX,VA 24522	NA		SPAY/NEUTER MATCHING GRANT	3,000
BEAT THE HEAT ALLIANCE 101 HENDRICK DRIVE NEWPORT,TN 37821	N/A		SPAY/NEUTER PROGRAM	8,000
BEST FRIENDS SANCUTARY PO BOX 1038 JAMESTOWM,TN 38556	NA		SPAY/NEUTER MATCHING GRANT	5,000
CATOOSA CITIZENS FOR ANIMAL CARE PO BOX 838 RINGGOLD,GA 30736	NA		SPAY/NEUTER PROGRAM	8,000
CATS UNLIMITED 1023 SMOKEY ROW RD LEXINGTON,VA 24450	NA		SPAY/NEUTER PROGRAM	5,000
CULPEPER FELINES & FRIENDS 13270 ALANTHUS ROAD BRANDY STATION,VA 22714	NA		SPAY/NEUTER PROGRAM MATCHING GRANT	5,000
EASTERN SHORE SPAY ORG 239 MONROE AVENUE CAO E CHARLES,VA 23310	NA		SPAY/NEUTER PROGRAM	10,000
FLOYD COUNTY HUMANE SOCIETY 518 BROAD STREET ROME,GA 30161	NA		SPAY/NEUTER PROGRAM	2,000
FOR THE LOVE OF PAWS PO BOX 163 HUNTSVILLE,TN 37756	NA		SPAY/NEUTER PROGRAM	8,000
FRIENDS OF FELINES-CAPE HATTERAS IS PO BOX 310 AVON,NC 27915	NA		SPAY/NEUTER PROGRAM	5,000
FRIENDS OF MADISON CO - ANIMALS PO BOX 191 107 S MAIN STREET MARSHALL,NC 28753	NA		SPAY/NEUTER PROGRAM MATCHING GRANT	4,014
FRIENDS OF ROCKY MOUNT ANIMALS PO BOX 8766 ROCKY MOUNT,NC 27804	NA		SPAY/NEUTER PROGRAM	10,000
Total  3a				195,640

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HABERSHAM HUMANE SOCIETY PO BOX 1442 CLARKSVILLE,GA 30523	NA		SPAY/NEUTER PROGRAM	10,000
HIGHLAND COUNTY HUMANE SOCIETY PO BOX 458 MONTEREY,VA 24465	NA		SPAY/NEUTER PROGRAM	4,000
HUMANE SOCIETY OF JACKSON COUNTY PO BOX 298 SYLVA,NC 28779	NA		SPAY/NEUTER PROGRAM MATCHING GRANT	5,000
LOGAN'S RUN RESCUE PO BOX 725 MARBLE,NC 28905	NA		SPAY/NEUTER MATCHING GRANT	5,000
LOVING PET INN ADOPTIONS 820 GALLIMORE DAIRY ROAD HIGH POINT,NC 27265	NA		SPAY/NEUTER PROGRAM MATCHING GRANT	2,691
LUV 4 PAWS FUND 10428 HIGHWAY 23 SOUTH GIRARD,GA 30426	NA		SPAY/NEUTER PROGRAM	5,000
MEIGS COUNTY HUMANE SOCIETY PO BOX 682 POMEROY,OH 45769	NA		SPAY/NEUTER PROGRAM	10,000
OLD FELLA BURKE CO ANIMAL RESCUE 144 MURROW STREET BLYTHE,GA 30805	NA		SPAY/NEUTER MATCHING GRANT	5,000
OPERATION TOPCAT PO BOX 922 SNEADS FERRY,NC 28460	NA		SPAY/NEUTER MATCHING GRANT	1,100
PROJECT EVERY PET INC 408 WEST ST LOUIS STREET BLAND,MO 65014	NA		SPAY/NEUTER MATCHING GRANT	4,335
PEOPLE FOR ANIMALS PO BOX 991 FRANKLIN,TN 37027	NA		SPAY/NEUTER PROGRAM	10,000
PROJECT BARK INC 2313 HILLTOP TRAIL JAMESTOWN,NC 28282	NA		SPAY/NEUTER MATCHING GRANT	5,000
ROCKBRIDGE DOG RESCUE PO BOX 1001 LEXINGTON,VA 24450	NA		SPAY/NEUTER PROGRAM	10,000
SHADOW CAT ADVOCATES PO BOX 514 GARRISONVILLE,VA 22463	NA		SPAY/NEUTER PROGRAM	4,000
SNIP TUCK PO BOX 505 SECRETARY,MD 21664	NA		SPAY/NEUTER MATCHING GRANT	2,000
Total  3a				195,640

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF ANIMALS DBA SPAY TENNESSEE PO BOX 71 GAINSBORO,TN 38562	NA		SPAY/NEUTER PROGRAM	10,000
TWIN COUNTIES HUMANE SOCIETY PO BOX 125 HILLSVILLE,VA 24343	NA		SPAY/NEUTER PROGRAM MATCHING GRANT	5,000
WAGS AND WHISKERS PET RESCUE 121 CREEK VIEW DRIVE CROSSVILLE,TN 38555	NA		SPAY/NEUTER MATCHING GRANT	3,000
WASHINGTON HUMANE SOCIETY PO BOX 4090 JOHNSON CITY,TN 37602	NA		SPAY/NEUTER PROGRAM	5,000
WESTSIDE ANIMAL RESCUE PO BOX 124 NANTICOKE,MD 21840	NA		SPAY/NEUTER PROGRAM	5,000
Total  3a				195,640

TY 2014 Accounting Fees Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	14,000	3,500		10,500

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
		PURCHASE								

**TY 2014 Investments Corporate
Bonds Schedule**

Name: TWO MAUDS INC
EIN: 13-2665313

Name of Bond	End of Year Book Value	End of Year Fair Market Value
	226,879	226,879

**TY 2014 Investments Corporate
Stock Schedule**

Name: TWO MAUDS INC
EIN: 13-2665313

Name of Stock	End of Year Book Value	End of Year Fair Market Value
	3,036,218	3,036,219

TY 2014 Legal Fees Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	64,894	16,223		48,671

TY 2014 Other Assets Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST AND DIVIDEND RECEIVABLE	6,423	1,550	1,550

TY 2014 Other Decreases Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Description	Amount
UNREALIZED GAIN/LOSS	82,658

TY 2014 Other Expenses Schedule**Name:** TWO MAUDS INC**EIN:** 13-2665313

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK FEES	520			520
PROMOTIONAL EXPENSE	500			500

TY 2014 Other Liabilities Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Description	Beginning of Year - Book Value	End of Year - Book Value
GRANT PAYABLE	2,500	
CURRENT YEAR EXCISE TAX	2,400	3,367

TY 2014 Other Professional Fees Schedule

Name: TWO MAUDS INC

EIN: 13-2665313

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EDGEWOOD MANAGEMENT INVESTMENTS	4,006	4,006		
BNY CUSTODIAL FEES	20,206	20,206		

TY 2014 Taxes Schedule**Name:** TWO MAUDS INC**EIN:** 13-2665313

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	3,144			3,144
NYS FILING FEES	275			275
FEDERAL EXCISE TAX	3,020			3,020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization TWO MAUDS INC	Employer identification number 13-2665313
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization TWO MAUDS INC	Employer identification number 13-2665313
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CAL FOUNDATION CO LINDA HAXKETT 439 WEST 51ST STREET NEW YORK, NY 10022	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	SUSAN GULLIA 555 FIFTH AVE NEW YORK, NY 10017	\$ 390	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
13-2665313

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>	DONATED STOCK	\$ 390	2014-10-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization TWO MAUDS INC	Employer identification number 13-2665313
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	